

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 11292
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name COOPER JAL UNIT	Well No. 141	Pool Name, including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC032592B
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Shell Pipeline Co	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2648, Houston, TX 77252		
Name of Authorized Transporter of Texaco E & P Inc / Sid Richardson C & G Co	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 3000, Tulsa, OK 74102 / PO Box 1226, Jal, NM 88252		
If Well Produces oil or liquids, give location of tanks	Unit J	Sec. 24	Twp. 24S	Rge. 36E
Is gas actually connected? Yes		When? 11/12/93		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 11/15/93		Total Depth 3535		P.B.T.D. 3335			
Elevations (DF, RKB, RT, GR, etc.) 3279 GL	Name of Producing Formation Jalmat		Top Oil/Gas Pay 2980		Tubing Depth 3101			
Perforations 2980-3146	OK				Depth Casing Shoe 3410			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		1140		1140, cmt circ			
7 7/8	5 1/2		3410		400, TOC 2240 TS			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

Date First New Oil Run To Tank 12/11/93	Date of Test 12/21/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 46	Water - Bbls. 423	Gas - MCF 16

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.



Signature
Larry W. Johnson

Engr Asst

Printed Name
2/28/94

Title
397-0426

Date

Telephone No.

OIL CONSERVATION DIVISION

MAR 02 1994

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only sections I, II, III, and VI for changes in operator, well name or number, transporter, or other such changes
- Seperate Form C-104 must be filed for each pool in multiply completed wells.